

**Abstract 626**

**TITLE:** Extent of implementation of PHS Recommendations for Use of Antiretroviral Drugs in HIV- Positive Pregnant Women and Their Infants to Prevent Perinatal Transmission, Connecticut, 1995-1998.

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**BACKGROUND/OBJECTIVES:** Prevention of perinatal HIV transmission once an HIV-infected woman has been identified depends on initiation of antiretroviral treatment (ARVT) of the pregnant women during the prenatal period, patient compliance with ARVT, proper treatment during labor, and treatment of exposed infants following delivery. The purpose of this study was to determine the extent to which perinatal HIV prevention recommendations were being implemented in CT.

**METHODS:** Prenatal, obstetric, newborn, and pediatric medical records were evaluated for infants reported with any HIV-positive laboratory test and who were born during 1995-1998. Information was collected about prenatal testing, treatment and compliance with prenatal treatment, treatment while in the hospital for delivery, treatment of the child after discharge, and final HIV status of the child.

**RESULTS:** A total of 243 HIV-positive mother infant pairs were identified. The medical records for 192 (87%) of those pairs have been reviewed to date. Of the pregnant women, 87% (n=166) were identified before admission for delivery. Of these, 90% (n=150) started ARVT. However, of those starting ARVT, only 78% (n=117) were fully compliant. Among the 166 women who were known to be HIV positive at delivery, 84% (n=139) received treatment during labor and 23% (n=39) had Cesarean deliveries. Of the 166 eligible infants, 93% (n=154) received ARVT. Overall, 6% (n=11) were not identified as HIV-exposed until after delivery.

**CONCLUSIONS:** Prenatal, perinatal and postnatal guidelines for prevention of HIV have been implemented for a high percentage of HIV-positive mothers and their children. However, only 57% of mothers/children identified prenatally are receiving at least some pre-, peri-, and postnatal treatment. Only 80% of those with some pre-, peri- and postnatal treatment are fully compliant. Further improvement will depend on achievement of higher rates of prenatal recognition of HIV infection and achievement of higher rates of compliance with ARVT recommendations among mothers, prenatal care providers and pediatricians.

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